

COMMERCIAL PERMIT APPLICATION
Greene County Building Regulations
940 Boonville, Room 304 --- Springfield, MO 65802
Telephone: (417) 868-4015 – Fax: (417) 868-4175

Please Print:

Name of Project:_____

Construction Site Address:_____
(Must be obtained from Greene County Addressing Office-Room 305 prior to issuance of permit.)

Exact Directions to Building Site: (Please furnish nearest intersections of county and/or state roads.
Inspectors need to be able to find property easily in order for an inspection to be conducted at requested time.)

This projects is for: ☐New Construction ☐Infill ☐Remodel/Repair
 ☐Sign/Billboard ☐Other _____
 ☐Cell Tower* ☐New **OR** ☐Existing**

If existing tower, how many antennas to be added_____

* Engineered plans and calculations must be submitted

** For existing tower, engineered plans must document additional design load on tower. Must also include calculations.

Estimated cost of construction:_____

Who do we contact if there are questions concerning this application??

Name:_____ Phone Number:_____
PLEASE PRINT Mobile Number:_____

Name of Recorded Property Owner:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Day Phone:_____ Evening Phone:_____ Cell Phone:_____

Contractor:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Office Number:_____ Mobile Phone:_____

Architect:_____

Mailing Address:_____

City:_____ State:_____ Zip:_____

Office Phone:_____ Mobile Phone:_____

Is blasting require: ☐Yes ☐No

If yes, must provide name of blasting company (*Company must be licensed and insured*)

Name of Blasting Co.: _____

Type of Footing: ☐Concrete ☐Slab
☐ If other, give type _____

Footing Contractor: _____

UTILITY CONTRACTORS:

Electrician: _____ Plumber: _____

Mechanical HVAC: _____

Type of Heating: ☐Natural Gas ☐ Propane ☐ Other _____

Type of Air Conditioning: ☐ Forced Air/Central ☐Other _____

UTILITY PROVIDERS:

Electricity: ☐CU ☐Other _____ Location _____

Gas: ☐CU ☐Other _____ Location _____

WATER SOURCE:

☐CU ☐Well ☐New ☐Existing ☐Other _____

Name of Well Driller: _____ State Certification Number: _____

WASTEWATER SYSTEM:

☐ Sewer ☐ Septic

Name of Septic Installer _____

Greene County Certification No.: _____

TOTAL SQUARE FOOTAGE OF STRUCTURE(S): _____
(ALL FLOORS COMBINED) *If more than one building, list each building footage separately.*

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Use Group _____ Structure / Construction _____

By my signature below, I affirm that I am the property owner or his legally authorized representative.

PLEASE PRINT YOUR NAME _____ DATE _____

SIGNATURE _____

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

TOTAL PLAN REVIEW FEE: \$ _____ Calculated by: _____

Date plans were received _____ **Check #** _____ Receipt# _____